

## **Certification of Participant Contribution**

**Name of Participant**

**Social Security Number**

**Date of Hire**

**Annual Salary**

**Less: FICA**

**Less Medicare**

**Net Annual Salary Available for Funding**

**Contribution Amount    Annual Amount**

**Per Pay Period**

I certify that the amount which I will contribute to the Plan shall not exceed 25 percent of my annual salary or the IRS limit (which for 2005 is \$14,000 plus an additional \$4,000 for those persons who are age 50 and over).

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Participant Name

Date

NOTE: For Calendar Year 2004, the contribution limits are \$13,000 plus an additional \$3,000 for those persons who are age 50 and over.

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